FILED

Mar 31, 1999 8:00 am Secretary of State

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FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M76535

1. Corporation Name

MILLER FOOD INDUSTRIES, INC.

Principal Place	of Business	Mailing Address				Transfer in large site, site in an arm				
HIGHWAY C30	-A	HIGHWAY C30 -A								
P.O. BOX 1734	FACIL EL GOAFO	P.O. BOX 1734 SANTA ROSA BEACH FL 32459				DO NOT WRITE IN THIS SPACE				
SANIA HUSA B	EACH FL 32459					3. Date Incorporated or Qualifed				
	•					04/14/1988				
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		Apr	olied For	
21		26				59-2883816 Not Applicat			Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional				
22						5. Certificate of Status Desired		Fee Rec	quired	
City & State	3	City & State			-	6. Election Campaign Financing \$5.00 May Be				
23		28				Trust Fund Contribution		Added to	Fees	
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current ye				
24	25		30	1		Personal Property Tax.	<u></u>		□No	
	9. Name and Address of Current	Registered Agent		81	Name	10. Name and Address of New Regist	erea Age	<u>n</u>	—— <u> </u>	
FΔI	LAN RAMEY, RAMEY & DAVIS			"	Name					
	CIRCLE DRIVE			82	Street Add	Address (P.O. Box Number is Not Acceptable)				
	JNIAK SPRINGS FL 32433		J.	83						
DEF	STAPE OF THIS I'VE SETOS	•		03						
	•			84	City		FL 8	Zip C	ode	
11 Dursuant	to the provisions of Sections 607.0502	and 607 1508. Florida Statute	s, the al)l bove	-named con	poration submits this statement for the purpo	se of char	 ging its	registered	
office or re	egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was au	tnonzec	ועסו	tne corporati	ion's board of directors. I hereby accept the	appointme	nt as reg	jistered	
SIGNATURE						ed when reinstating) DA	·-		}	
	Signature, typed or printed name of registered agent OFFICERS AND		Registered	Agen	t signature requir	ad when reinstating) DA ADDITIONS/CHANGES TO OFFICER		RECTO	RS IN 12	
TITLE	DVP OFFICERS AND	□ DELETE 1.1 TI		n F		ADDITIONAL PRINTED TO STATE		Change	Addition	
	MILLER, EDISON PATRICK		1.2 N		ļ				_	
NAME STREET ADDRESS	3865 W COUNTY HWY 30A				ADDRESS					
	SANTA ROSA BEACH FL		1.4 CITY-						ſ	
CITY-ST-ZIP	OPT DET	☐ DELETE	2.1 TT					Change	☐ Addition	
NAME	MILLER, ELEANOR RUSSELL	_	2.2 NAME		Ì				j	
STREET ADDRESS	3865 W. COUNTY HWY 30A	. •			ADDRESS				}	
	SANTA ROSA BEACH FL		1	2. 4 CITY-ST-ZIP						
TITLE	DELETE		_	3.1 TITLE				Change	Addition	
NAME		32		ME						
STREET ADDRESS	RESS		3.3 \$1	3.3 STREET ADDRESS						
CITY-ST-ZIP				rry-s					ļ	
TITLE		☐ DELETE	4.1 TI					Change	Addition	
NAME			4.2 N	AME						
STREET ADDRESS		•			ADDRESS				Į	
CITY-ST-ZIP			4.4 CI	TY-S1	r-ZIP				ì	
TITLE	☐ DELETE			4.4 CITY-ST-ZIP 5.1 TITLE				Change	☐ Addition	
NAME			5.2 N	AME					{	
STREET ADDRESS			5.3 ST	REET	ADDRESS				ļ	
CITY-ST-ZIP			5.4 CI	TY-SI	r-ZIP			_	[
TIRE		☐ DELETE	6.1 Π	TLE.				Change	Addition	
NAME	n		6.2 N	AME	ļ				{	
STDEET ANNUESS			6.3 ST	TREET	ADDRESS					

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report of supplier shital annual report is true and acquired and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the copporation or the receiver of trustee employees to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or of the copporation with an address with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR